

**Alaska FASD Partnership Steering Committee**  
**January 13, 2016 – MINUTES**

**I. Introductions.** Deb Evensen, Britteny Howell, Meghan Clarke, Stephanie Johnson, Amy Hansen, Jenn Wagaman, Vickie Tinker, Lakota Holman, Mike Jeffery, Mike Baldwin, Jeanne Gerhardt-Cyrus, Teri Tibbett

**II. Approval of Agenda.** Approved.

**III. Approval of Minutes.** 10.14.16. Approved with changes.

**IV. Member Updates**

Deb Evensen is still working with Kenai and Anchorage School Districts. Most excited about parent support groups, which are growing each week and getting bigger. Doing a 2-hour FASD training for administrators in Kenai with representation from each school. Offers workshops here and there that offer updates. Seeing “100<sup>th</sup> Monkey” effect, where the knowledge is spreading exponentially. Wants to ensure this growth continues in the state in the education system.

Britteny reported DEED has added to other health impairment to include FASD, not limited to that, have other potential diagnose. First in the nation to include FASD under this category. Also, passed provision to allow advanced nurse practitioners to diagnosis FASD for DEED purposes.

Stephanie shared the Bering Strait Regional FASD Diagnostic Team update: a team coordinator was hired from Norton Sound Health Corporation, to work under Dr. Johnson; also working with Bering Strait School District is working on memorandum of agreement to provide Speech OTT services, the team would offer the training from University of Washington. Moved from development process to receiving clients.

Meghan reported the Anchorage FASD Council will reconvening and their first meeting will be hosted at Center for Human Development, January 20. Some agenda items include purpose of the council, September 9<sup>th</sup> Activities, setting long term goals.

**V. Legislative Priorities, Items for Advocacy**

Teri shared that she is still combing through the new pre-filed bills and Governor’s budget for items for advocacy. She’ll send out a list to the group to consider, with an opportunity to weigh in on which ones the group will prioritize; she suggested the group choose 3-5 items. The Partnership can then develop white papers and back up to include in packets that we can hand out to legislators. Future advocacy efforts can be employed as needed (letters/emails to legislators, visits with legislators in Juneau and/or in legislators’ home districts, calling in for public testimony, etc.

## **VI. Partnership Project Discussion**

Deb suggested addressing needs of adults with FASD might cover many of the bases because it could cover several of the categories—transitional housing, better parenting (OCS), culturally appropriate resources.

### **Youth in transition**

Lakota asked about additional waivers from AHFC in different locations around the state. All housing authorities are not centralized, it would be good to work with tribal housing authorities, but not sure if they can do that because of their structure. Asked to look into policies that affect the ability of tribal entities to administer housing vouchers that would work for people with FASD. Is it true that only AHFC can manage them?

Mike J suggested extending the jurisdiction for serving youth up to 21 years (as opposed to 18 years). Who do we need to talk to about this? With DJJ a person with FASD who is in a DJJ residential treatment program can elect to stay up to age 20 (if they are there under a B-1 institutional order). Mike suggests expanding that to a higher age (in Canada it's age 24 he thinks), recognizing that people with FASD traditionally need support longer because of the developmental age issue. Jenn - youth in foster care can stay longer in foster care, but this does not apply to children who were adopted (whose supports via Medicaid ends at 18 years). Her question is, in adoptive situations, with children who have high level of care (counseling, community supports, etc.) and the adoptive family is keeping them, because they're not leaving the home, the eligibility factors are related to adoptive parents' income.

### **Statewide clearing house for FASD resources**

Jenn suggested there is a real gap for a central location for information. Meghan suggested the "Help Me Grow" statewide resources for children and youth, a call center with Master's level social workers who will follow the Jamel Johnson, DHSS, planning meeting is January 26. Teri suggests Alaska 211 and educating individuals, providers, families about this service, also, educating providers of services to "opt-in" and get listed in the 211 directory. Teri also suggested tagging on to existing statewide Independent Living Centers (ILC) and/or the Aging and Disability Resources (ADRC) to include FASD resources. Mike B. suggested our group could provide a tool box of appropriate information that would save them time. Also, he wondered if families who may not have resources, this could be a place to help them navigate systems and get enrolled in Medicaid, or whatever. Jenn suggested her suggestion is more like a "Center for Excellence" –a virtual or physical hub for knowledge, training, activism, advocacy, resources for FASD. Possibly forming a chapter of NOFAS Center for Excellence? Minnesota has one called MOFAS, not bricks and mortar. Partner with University Center for Human Development?

### **Supporting OCS in being more effective with families impacted by FASD**

Mike suggested the Confessions of an Adoptive Parent

[www.confessionsofanaadoptedparent.com](http://www.confessionsofanaadoptedparent.com) offers tips for how to raise kids with

FASD, with pitfalls, encourage this kind of knowledge and training for families. Teri suggested Hays Kids [www.hayskids.com](http://www.hayskids.com). Jeanne suggested training for birth families, adoptive and foster parents. Starting with diagnosis. Training needs to be ongoing, comprehensive, not overwhelming (especially for affected birth parents). She suggested a team approach with birth parent, foster or adoptive parent, case worker, social worker, teachers etc. working together as a team, going through the process looking at the big picture of what people need to do to be successful. Jenn, need training for ILP and OCS workers who work with parents with or without a diagnosis but are clearly affected and can't comply with what is required of them by the state—they need a team and/or case management approach to be successful with appropriately trained workers. Mentioned someone in Canada who offers training in neurobehavioral approach, with on-site support and training. Mike suggested PCAP out of Washington.

***Tabled until next meeting:***

- Culturally-appropriate interventions and resources
- Training for therapeutic foster homes.

**VII. Announcements**

Next month, Amanda Lofgren from the Alaska Mental Health Trust Authority will present to this steering committee on the Medicaid reform piece related to 1915(i) and (k) related to people with FASD.

The group agreed to meet on an ad hoc basis in the next couple weeks to discuss the remaining project ideas. Teri will send out a doodle request for that.

Mike B. suggested on the topic of training therapeutic foster parents that he would reach out to the Alaska Center for Resource Families (Exec Director, Aileen McInnis) to ask about FASD Training. He said she and the center used to be very active in the FASD world, and did a lot of training focused on FASD. When he was running the Southcentral Foundation FASD program – they had an arrangement set up that would allow him to give “credits” towards a foster parents certification when they came through the clinic (because there was so much education that happened during the evaluation). He will get back to us when he has an answer from them.

**VIII. Next meeting February 10, 2016.**